

## Appendix VI. Sample Benefit History Report for O/As

| SOCIAL SECURITY<br>AND<br>SUPPLEMENTAL SECURITY INCOME             |                              |   |                        |                     |                        |
|--|------------------------------|---|------------------------|---------------------|------------------------|
| <b>BENEFIT HISTORY REPORT FOR (RE)CERTIFICATIONS DUE [2003/01]</b> |                              |   |                        |                     |                        |
| <b>TRACS ID:</b>   | TRACM22684TRACM05730         | <b>Program Type Code:</b>                   | H1                     |                     |                        |
| <b>Project Name:</b>   | T W U SENIOR HOUSING         | <b>Project Number:</b>                      | 012EH289               |                     |                        |
| <b>Owner/Agent:</b>  | TUC MGT CO INC               | <b>Contract #:</b>                          | NY36T821021            |                     |                        |
| <b>REG/FO Code:</b>  | 02/01                        | <b>Unit #:</b>                              | 6R                     |                     |                        |
| [For Reference Only]   |                              |   |                        |                     |                        |
| <b>Head of Household:</b>  | JOE TENANT                   | <b>Address:</b>                             |                        |                     |                        |
| <b>SSN:</b>  | 123-45-6666                  |   |                        |                     |                        |
| [Information below applies to this family member]                  |                              |   |                        |                     |                        |
| <b>Family Member:</b>  | JOE TENANT                   | <b>Date of Birth:</b>                       | 05/15/1927             |                     |                        |
| <b>SSN:</b>  | 123-45-6666                  |   |                        |                     |                        |
| <b>Social Security Benefits</b>                                    |                              |   |                        |                     |                        |
| <b>Payment Status Code:</b>  | C - Current Payment Status   | <b>Benefit History</b>                      |                        |                     |                        |
| <b>Date of Current Entitlement:</b>                                | 05/1992                      | <b>Date</b>                                 | <b>Gross Benefit</b>   |                     |                        |
| <b>Net Monthly Benefit if Payable:</b>                             | \$482.00                     | 12/2001                                     | \$482.00               | Credited            |                        |
|  |                              | 07/2001                                     | \$470.00               | Credited            |                        |
|  |                              | 12/2000                                     | \$469.00               | Credited            |                        |
|  |                              | 09/2000                                     | \$453.00               | Credited            |                        |
| <b>Supplemental Security Benefits</b>                              |                              |   |                        |                     |                        |
| <b>Payment Status Code:</b>  | C01 - Eligible for Payments  | <b>Payment History of Net Benefits Paid</b> |                        |                     |                        |
| <b>Alien Indicator:</b>  | C                            | <b>Date</b>                                 | <b>Federal Amount</b>  | <b>State Amount</b> | <b>Type of Payment</b> |
| <b>SSI Monthly Assistance Amount (Current):</b>                    | \$83.00                      | 01/01/2002                                  | \$83.00                | \$87.00             | Recurring Payment      |
| <b>State Supplement Amount (Current):</b>                          | \$87.00                      | 08/01/2001                                  | \$81.00                | \$87.00             | Recurring Payment      |
| <b>Payee Name and Address:</b>                                     |                              | 07/02/2001                                  | \$19.00                | \$0.00              | Underpayment           |
|  |                              | 01/01/2001                                  | \$81.00                | \$87.00             | Recurring Payment      |
| JOE TENANT<br>83678 ANY STREET<br>APT 6R<br>NEW YORK NY            |                              |   |                        |                     |                        |
| <b>Medicare Data</b>   |                              |   |                        |                     |                        |
| <b>Payee Name and Address:</b>                                     |                              | <b>Premium</b>                              | <b>Buy-in</b>          | <b>Start</b>        | <b>Stop</b>            |
|  |                              |   |                        |                     |                        |
|  | <b>Hospital Insurance:</b>   | \$0.00                                      | N                      | /                   | /                      |
|  | <b>Supp. Med. Insurance:</b> | \$54.00                                     | Y                      | 11/1983             | /                      |
| <b>Dual Entitlement Data</b>                                       |                              |   |                        |                     |                        |
| <b>Payment Status Code:</b>  | DE data not applicable       |   |                        |                     |                        |
| <b>Black Lung Entitlement:</b>                                     | \$0.00 - Not Applicable      |   | <b>Disability:</b> Yes |                     |                        |
| Report Date: 06/30/2003  |                              |   |                        |                     |                        |